

|                             |                         |              |                      |                                    |
|-----------------------------|-------------------------|--------------|----------------------|------------------------------------|
| SERIAL NUMBER<br>09/284,699 | FILING DATE<br>04/19/99 | CLASS<br>364 | GROUP / UNIT<br>2787 | ATTORNEY DOCKET NO.<br>450108-4542 |
|-----------------------------|-------------------------|--------------|----------------------|------------------------------------|

APPLICANT

YASUSHI TANAKA, CHIBA, JAPAN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\* 371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED THIS APPLN IS A 371 OF PCT/JP98/03707 08/21/98

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED JAPAN

9-224745

08/21/97

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/11/99

|   |   |                         |                      |                   |                         |
|---|---|-------------------------|----------------------|-------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met           | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>JPX | SHEETS DRAWING<br>15 | TOTAL CLAIMS<br>5 | INDEPENDENT CLAIMS<br>1 |
| Verified and Acknowledged<br>Examiner's Initials _____ Initials _____ |   |                         |                      |                   |                         |

ADDRESS

WILLIAM S FROMMER  
FROMMER LAWRENCE & HAUG  
745 FIFTH AVENUE  
NEW YORK NY 10151

TITLE

INFORMATION TRANSMITTING METHOD AND TELEVISION BROADCAST  
RECEIVER

|                                  |   |   |
|----------------------------------|---|---|
| FILING FEE RECEIVED<br><br>\$840 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Process)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|----------------------------------|---|---|

DO/EO BIBLIOGRAPHIC DATA ENTRY

|                              |   |                           |              |
|------------------------------|---|---------------------------|--------------|
| SERIAL NUMBER:               | 09 / 284699   | RECEIPT DATE:             | 04 / 19 / 99 |
| IA NUMBER:                   | PCT/ JP98 / 03707   | IA FILING DATE:           | 08 / 21 / 98 |
| FAMILY NAME:                 | TANAKA  | DELAY WAIVED (Y/N):       | Y            |
| GIVEN NAME:                  | YASUSHI   | DEMAND RECEIVED (Y/N):    | N            |
| PRIORITY CLAIMED (Y/N):      | Y   | PRIORITY DATE:            | 08 / 21 / 97 |
| NO BASIC FEE (Y/N):          | N   | US DESIGNATED ONLY (Y/N): | N            |
| ATTORNEY DOCKET NUMBER:      | 450108-4542   | COUNTRY:                  | JPX          |
| CORRESPONDENCE NAME/ADDRESS: | CUSTOMER NUMBER:  | TELEPHONE                 |              |
|                              |   | FAX                       |              |
| NAME:                        | WILLIAM S FROMMER   |                           |              |
|                              | FROMMER LAURENCE & HAUG                                     |                           |              |
| STREET:                      | 745 FIFTH AVENUE  |                           |              |
| CITY:                        | NEW YORK  |                           |              |
| STATE/COUNTRY:               | NY  | ZIP:                      | 10151        |
| EMAIL:                       |   |                           |              |
| APPLICATION TITLES:          |   |                           |              |
|                              | INFORMATION TRANSMITTING METHOD AND TELEVISION BROADCASTING |                           |              |
|                              | RECEIVING APPARATUS   |                           |              |

TAB TO LAST POSITION.PUSH SEND